

Dear H.E Mr Sebastiano Cardi, Ambassador and Permanent Representative of Italy to the UN, and H.E Mr Elbio Rosselli, Ambassador and Permanent Representative of Uruguay to the UN

cc

Mr. Miroslav Lajcak, President of UN General Assembly

Dr Tedros Adhanom Ghebreyesus, World Health Organisation Director-General

Mr Achim Steiner, Under-Secretary-General, Administrator of the United Nations Development Programme, UNDP

Mr. Dainius Pūras, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health

Date: 4th July 2018

RE: High prices that limit access to affordable medicines, diagnostics and vaccines must be urgently addressed in the third HLM on NCDs

We are writing to you as 242 civil society, advocacy organisations, academics and activists concerned with access to medicines, human rights and health around the world. Under your leadership, we hope that the outcomes of the third High Level Meeting (HLM) of the UN General Assembly on the prevention and control of non-communicable diseases (NCDs) achieve progressive, renewed and accelerated commitments to the prevention, treatment and control of NCDs. However, the world can only achieve the global targets to reduce NCDs by one third and universal health coverage (UHC) by 2030 if we make major improvements toward equitable and timely access to affordable, quality diagnostics, medicines, vaccines and health technologies.

The right to health and the right to share in the benefits of scientific advancements are basic human rights that are widely affirmed and therefore must anchor global actions on NCDs. We celebrate the vision of the Sustainable Development Goals (SDGs) to realise these rights and the goals and targets to achieve UHC and access to affordable health technologies for all. These commitments are essential as all countries, rich and poor, are increasingly grappling with the provision of UHC to their populations in the face of unsustainably high prices of medicines and health technologies essential to treat cancer, diabetes and other NCDs. With an average of 24.9% of national health spending spent on medicines¹, UHC will not be achieved if sustainable prices for NCDs' medicines and technologies are not prioritized through global and national actions.

The senseless loss of lives from treatable and preventable conditions and the financial ruin and impoverishment that families face due to the out of pocket spending on treatments for NCDs must stop. We are therefore gravely concerned that commitments to affordable medicines and health technologies are not sufficiently addressed in the Zero Draft of the Political Declaration for the HLM on NCDs.

We welcome the call to 'Strengthen and reorient health systems...including access to safe, affordable, effective and quality essential medicines and technologies' in the Zero Draft of

¹ The World Medicines Situation 2011 - Medicine Expenditures <http://apps.who.int/medicinedocs/en/m/abstract/Js18767en/>

the Political Declaration. However, we urge you to emphasize the primacy of people's health over commercial profit and to strengthen the approach toward the affordability of medicines and health technologies. This can be achieved, building on existing World Health Organisation (WHO) related resolutions, within the declaration by:

1. Acknowledging the financial difficulties caused by the high prices of many medicines to treat NCDs for governments, national health systems and patients around the world, the subsequent health and economic impacts this has on families and nations, and the urgency to prioritize patients living with chronic and non-preventable conditions in addition to prevention.
2. Acknowledging that actions to decrease the price of medicines will allow Member States, many of which have critical financial constraints, to make further resources available to achieve the global target to reduce NCDs by one third by 2030.
3. Recognising existing commitments of the WHO and its member states to improving the accessibility and affordability of medicines²³ as well as biosimilars products⁴, and delivering priority actions for the Global Strategy and Plan of Action on public health, innovation and intellectual property⁵.
4. Acknowledging the difficulties that countries face when trying to implement the flexibilities enshrined in the Trade-Related Aspects of Intellectual Property Rights (TRIPS), including the issuing of compulsory licences, which was affirmed by the Doha Declaration and recognized by the United Nations Secretary-General's (UNSG) High Level Panel on Access to Medicines (UNHLP).
5. Committing to improve access to medicines and counter the failures of the current Research and Development (R&D) model by implementing the UNHLP⁶ recommendations at the national and international level. These include making full use of the TRIPS flexibilities, improving transparency of R&D costs and prices and establishing a R&D convention that de-links financing R&D from end prices of medicines in order to promote equitable access.

We recognize the role of the private sector in contributing 'to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs'. However, we are deeply concerned about the lack of accountability of the private sector, and the high potential for conflicts of interest and undue pressure on Member States and civil society who are working to increase access to medicines. For example, the pharmaceutical industry, its trade associations and allies consistently put undue pressure on states that wish to use TRIPS flexibilities and seek to block progress on access to medicines decisions at the global level. We therefore recommend that the Political Declaration prioritises public health needs by:

² Addressing the global shortage of, and access to, medicines and vaccines
[http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71\(8\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71(8)-en.pdf)

³ Cancer prevention and control in the context of an integrated approach
http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R12-en.pdf

⁴ Access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy <http://apps.who.int/medicinedocs/documents/s21459en/s21459en.pdf>

⁵ Global strategy and plan of action on public health, innovation and intellectual property: overall programme review
[http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71\(9\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71(9)-en.pdf)

⁶ UNHLP report <http://www.unsgaccessmeds.org/final-report/>

1. Reiterating that States are primarily responsible for creating the conditions that improve access to medicines as a human right, including safeguards against conflicts of interests.
2. Considering all commercial determinants of health, including pharmaceutical companies and the impact of their monopolies of key treatments, lobbying influence, including of and through patient advocacy groups, tax avoidance and resistance to progress on the implementation of the UNHLP and other public health oriented measures.
3. Recognising the importance of meaningful engagement with people living with and at risk for NCDs and the need to strengthen national and local civil society and patient groups through funding and supports to improve local and national accountability on NCD commitments. Any engagement should enforce clear conditions on conflicts of interests. For example, industry-funded groups, such as those primarily funded by the pharmaceutical companies, should not be involved in policy-setting.

We hope that you address these concerns and recommendations in the negotiations moving forward. Please contact Dr Mohga Kamal-Yanni via email (mkamalyanni@Oxfam.org.uk) with your response. We look forward to hearing from you.

Yours sincerely,

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mkamalyanni@Oxfam.org.uk

On behalf of the following organisations and individuals:

Organisations

Access to Medicines Ireland
Action for Health Uganda (A4HU), Uganda
Advocacy for Better Health - PATH
African Services Committee
AIDS and Rights Alliance for Southern Africa (collective of 115 organisations - partner contact details here: <http://www.arasa.info/partners/partner-contact-details/>)
AIDS Healthcare Foundation, Uganda
AIDS Information Centre (AIC), Uganda
Alianza LAC - Global por el Acceso a Medicamentos
AMREF Uganda
Associação Brasileira Interdisciplinar de AIDS (ABIA)
Asociación Comunidad Hepatitis C Uruguay
Campaign for Affordable Trastuzumab, India
Cancer Alliance of South Africa (as an alliance of 29 organisations*)
Caritas Latinoamérica y el Caribe
Centre for Health Human Rights and Development (CEHURD), Uganda
Centre for Participatory Research and Development CEPARD, Uganda
Centro de Información de medicamentos de la Universidad Nacional de Colombia
Chasing Zero

Colombian Commission of Jurists
Comité de Veeduría y Cooperación en salud, Colombia
Community Integrated Development Initiatives (CIDI), Uganda
Corporación Innovarte, Chile
Council for African Policy (CAP), Uganda
EKPIZO (Consumer Association the Quality of Life), Greece
Fundación Ifarma, Colombia
Global Justice Now
Global Coalition of Women against AIDS in Uganda
Grupo de Resistência Asa Branca - Fortaleza/Ceará
Grupo Pela Vidda - São Paulo
Health Action International
Health GAP (Global Access Project)
Health Rights Action Group (HAG)
HEPS, Uganda
Hope After Rape, Uganda
Human Rights Awareness and Promotion Forum (HRAPF), Uganda
Human Rights Research Documentation Centre (HURIC)
Initiative for Prisoners Health Rights, Uganda
International Community of Women Living with HIV/AIDS (ICW)
Integrated Community Based Initiatives (ICOBI), Uganda
Kampala Youth Advocacy and Development Network
Kampala District Forum of PLHIV Networks (KADFO)
KELIN- Kenya
Kenyan Network of Cancer Organisations
Knowledge Ecology International (KEI)
KEI Europe
Makerere Women Development Association, Uganda
Mama's Club, Uganda
Marjorie's Fund
Meethi Zindagi, Pakistan
Mariam Foundation
Misión Salud, Colombia
National Community of Women Living with HIV, Uganda
National Forum for People Living with HIV/AIDS (NAFOPHANU), Uganda
NCD Alliance Kenya
Nigeria Diabetes Online Community
Observatorio del Medicamento de la Federación Médica Colombiana
Oxfam
Pan-African Treatment Access Movement (PATAM)
Positive Malaysian Treatment Access & Advocacy Group (MTAAG+)
Positive Men's Union, Uganda
Prevention Care International
Public Eye, Switzerland
Rede Nacional de Pessoas Vivendo com HIV de São Luís - Maranhão (RNP+ São Luís/MA)
Reproductive Health Uganda
Salud por Derecho, Spain
Salud y Fármacos - EEUU

Samasha Medical Foundation
Santé Diabète
Sonia Nabeta Foundation
Southern and Eastern African Trade Information and Negotiations Institute (SEATINI)
STOPAIDS, UK
Support on AIDS and Life Through Telephone Helpline (SALT)
T1International
Tanzania Breast Cancer Foundation
The Action Group for Health, Human Rights and HIV/AIDS Uganda
The African Centre for Global Health and Social Transformation (ACHEST)
Third World Network
TranspariMED
Treatment Action Group
Tusitukirewamu, Uganda
UAEM Brasil
Uganda Health Sciences Press Association
Uganda Network of AIDS Services Organization (UNASO)
Uganda Network of Young People Living with HIV&AIDS (UNYPA)
Uganda Network on Law Equality and Ethics (UGANET)
Uganda Young Positives (UYP)
Union for Affordable Cancer Treatment (UACT)
Value Health Africa
White Ribbon Alliance (WRA), Uganda
Women's Coalition Against Cancer Malawi
Women Fighting AIDS In Kenya
Yolse, Santé Publique & Innovation
Young Professionals Chronic Disease Network

*AmaBele Project Flamingo, Breast Course 4 Nurses, Breast Health Foundation, Cancer Association of South Africa (CANSA), Cancer Heroes, Can-Sir, CanSurvive, Care for Cancer Foundation, Childhood Cancer Foundation of South Africa (CHOC), Hospice Palliative Care Association (HPCA), Look Good Feel Better, Love your Nuts, Lymphoedema Association of South Africa (LAOSA), Men's Foundation, National Council Against Smoking, National Oncology Nursing Association of SA, Pancreatic Cancer Network of SA (PanCan), People Living With Cancer (PLWC), Pink Trees for Pauline, Pink Phoenix Cancer Foundation, Pocket Cancer Support, Rainbows and Smiles, Reach for Recovery, South African Oncology Social Work Forum (SAOSWF), The Pink Parasol Project, The Sunflower Fund, Vrede Foundation and Wings of Hope

Individuals

Professor Brook K. Baker, Northeastern U. School of Law
Dr Francisco Rossi
Dr John Abraham, Department of Global Health & Social Medicine, King's College London
Jordan Jarvis, London School of Hygiene and Tropical Medicine
Lilian Mworeko, Women fighting AIDS in Kenya
Salomé Meyer, Independent Cancer Advocate, South Africa

Organisations that have expressed support for the letter since it was shared:

Pacientes alto costo Colombia
South African NCD Alliance
Wemos, Netherlands